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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/062,584
 Applicant : Backus et al
 Filed : February 2, 2002
 Title : Ultrashort Pulse Amplification in Cryogenically Cooled
 Amplifiers
 Group Art Unit : 2828
 Examiner : T. Nguyen
 Docket No. : C01.110

Honorable Commissioner of Patents
 Washington DC 20231

AMENDMENT

Sir:

In response to the Office Action mailed August 5, 2003 ,
Remarks/Arguments are found on page 2 of this paper.

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Macheledt Bales LLP
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Date: January 5, 2004

Pages, including this one: 19

To: Tuan N. Nguyen
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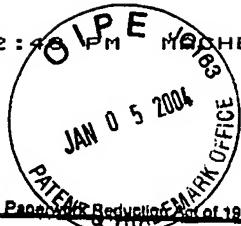
AMENDMENT

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Applicant	Backus et al.
Filed	February 2, 2002
Title	Ultrashort Pulse Amplification in Cryogenically Cooled Amplifiers
GAU	2828
Examiner	T. Nguyen
Docket	C01.110

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PTO/56/21 (08-03)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

16

Application Number	10/082,584
Filing Date	February 2, 2002
First Named Inventor	Buckus et al.
Art Unit	2828
Examiner Name	Tuan N. Nguyen

Attorney Docket Number C01.110

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): C. C. Form Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jennifer L. Bales
Signature	
Date	January 5, 2004

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Signature		Date	January 5, 2004

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$ 210.00)
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METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

 Deposit Account:

Deposit Account Number	02-0725
Deposit Account Name	Jennifer L. Bales

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee	Fee Code (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee
1002	340	2002	170	Design filing fee
1003	530	2003	265	Plant filing fee
1004	770	2004	385	Reissue filing fee
1005	160	2005	80	Provisional filing fee
SUBTOTAL (1)				(\$ 0.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20% =	x	
Multiple Dependent	-3% =	x	

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202	18	2202 8 Claims in excess of 20
1201	88	2201 43 Independent claims in excess of 3
1203	280	2203 145 Multiple dependent claim, if not paid
1204	88	2204 43 " Reissue independent claims over original patent
1205	18	2205 9 " Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$ 0.00)

*or number previously paid, if greater. For Reissues, see above

SUBMITTED BY

Name (Print/Type)	Jennifer L. Bales		
Signature			
		Registration No. (Attorney/Agent)	3B,070
		Telephone	303-664-4734
		Date	January 5, 2004

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